

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N00000001057****1. Entity Name**  
**CHARLOTTE'S FAITH AND DELIVERANCE TEMPLE INC.****Principal Place of Business**  
MINISTER ALICE WILLIAMS  
P.O. BOX 1595  
CRAWFORDVILLE FL 32326**Mailing Address**  
MINISTER ALICE WILLIAMS  
P.O. BOX 1595  
CRAWFORDVILLE FL 32326**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

**4. FEI Number**  
**59-3659135**Applied For  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**WILLIAMS MINISTER ALICE  
154 BROWNDONALDSON RD.  
  
CRAWFORDVILLE FL  
32327 USName  
Street Address (P.O. Box Number is Not Acceptable)  
  
City FL Zip Code**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.****SIGNATURE** **08/23/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to Department of State**

| <b>10. OFFICERS AND DIRECTORS</b>  |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>               |  |
|--|---------------------------------|--|--|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>DIR</b><br>WIGGINS MACHELLE SECRETA<br>10249 SYPHON DR.<br>TALLAHASSEE FL 32305<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>DIR</b><br>LIGGINS MARIA TREASUR<br>6027 SHAUMUT DR.<br>TALLAHASSEE FL 32304<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>DIR</b><br>WILLIAMS ALICE PASTOR<br>P.O. BOX 1595<br>CRAWFORDVILLE FL 32326<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** **Machelle Wiggins** **Sec** **08/23/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)